

4 '05-04-19 12:22 宛先-米 OLIFF  
APR 27 2005  
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殿 送信元-優和特許事務所

P02/03 T-185 U-489  
Docket No.: 118192APPLICATION FOR UNITED STATES PATENT  
SUBSTITUTE DECLARATION

As a below-named inventor, I hereby declare that:  
my name, post office address and citizenship are as stated below next to my name; that  
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor  
(if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  
PROGRESSIVE-POWER LENS

described and claimed in the specification:

Check one

- a.  attached hereto.  
b.  filed on December 24, 2003 as Application No. 10/743,718 and amended on December 24, 2003 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-3422 filed January 9, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE,  
PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor:	Takashi	HATANAKA
2	°°Inventor's Signature:	Given Name	Family Name
3	°°Date of Signature:	Takashi 04	2005
		Month	Day
			Year
Residence:	Tokyo	State or Province	Country
Citizenship:	City		
Post Office Address: (Insert complete mailing address, including country)	c/o HOYA CORPORATION 7-5, Nakaochiai 2-chome, Shinjuku-ku, Tokyo 161-8525 Japan		

°If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

°°Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

05-04-19 13:20 完先-米 OLIFF

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PAGE 2 OF U.S.A. DECLARATION FORM  
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any):		Given Name	Middle Initial	Family Name
2	Inventor's Signature:		MASAAKI		Yuta Matsushima
3	Date of Signature:		4	15	2005
Residence:		Tokyo	Month	Day	Year
		City	State or Province		Japan
Citizenship:		Japanese			
Post Office Address: (Insert complete mailing address, including country)		c/o HOYA CORPORATION 7-5, Nakaochiai 2-chome, Shinjuku-ku, Tokyo 161-8525 Japan			
1	Typewritten Full Name of Third Joint Inventor (if any):		Given Name	Middle Initial	Family Name
2	Inventor's Signature:				
3	Date of Signature:		Month	Day	Year
Residence:		City	State or Province	Country	
Citizenship:					
Post Office Address: (Insert complete mailing address, including country)					
1	Typewritten Full Name of Fourth Joint Inventor (if any):		Given Name	Middle Initial	Family Name
2	Inventor's Signature:				
3	Date of Signature:		Month	Day	Year
Residence:		City	State or Province	Country	
Citizenship:					
Post Office Address: (Insert complete mailing address, including country)					
1	Typewritten Full Name of Fifth Joint Inventor (if any):		Given Name	Middle Initial	Family Name
2	Inventor's Signature:				
3	Date of Signature:		Month	Day	Year
Residence:		City	State or Province	Country	
Citizenship:					
Post Office Address: (Insert complete mailing address, including country)					

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration form of the application to which it pertains.